

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/216453

FILING DATE

APPLICANT(S)

6-27-05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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45						
46	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	1					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						